

FOR IMMEDIATE RELEASE

March 1, 2006

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VDH 06-12

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**VIRGINIA DEPARTMENT OF HEALTH TO SCREEN
NEWBORNS FOR 17 MORE INHERITED DISORDERS**

(RICHMOND, Va.)—Beginning in March, newborns in Virginia will have a better chance of avoiding the devastating effects of a host of rare inherited disorders that could cause serious harm unless they are discovered and treated soon after birth.

As the result of legislation passed by the 2005 General Assembly, the Virginia Department of Health (VDH) has expanded its Newborn Screening Services to include tests for 17 additional inherited disorders. VDH already screens for 11 genetic diseases such as sickle cell, phenylketonuria (PKU) and hypothyroidism. Among the new tests are those for cystic fibrosis and isovaleric acidemia.

“Some of these disorders are life-threatening, while others may slow down physical development or cause mental retardation,” said State Health Commissioner Robert B. Stroube, M.D., M.P.H. “That is why it is important to identify babies with these disorders as early as possible.”

In 2004, 129 children were diagnosed with genetic diseases through the newborn screening program.

Most of the diseases are passed on from parents, while others are caused by a chemical imbalance in the child. Although none of the diseases can be cured, serious effects can be reduced and often prevented if the child is placed on a special diet or begins medical treatment within days of discovery.

All newborns in Virginia are screened for the 28 genetic disorders within a few days of birth. The tests are required by law, however parents may refuse them on religious grounds. A few drops of blood are taken from the baby’s heel and placed on special blotter paper, which is sent to the state’s Division of Consolidated Laboratory Services for testing.

VDH nurses coordinate necessary follow-up measures, such as notifying health care providers if an infant requires retesting. Follow-up activities continue until the child has a normal screen, is diagnosed, or reaches 6 months of age, when the age-sensitive newborn screening methods can no longer be considered reliable.

Test results are provided to the child’s doctor, clinic or hospital. Generally, parents are told of the results only if there is the possibility of a problem. Parents are encouraged to ask their baby’s doctor about test results.

For more information on newborn screening tests, visit www.vahealth.org/genetics/.

(more)

Before March 1, 2006, the program tested only for these 11 conditions.

- Biotinidase deficiency (BIOT)
- Congenital adrenal hyperplasia (CAH)
- Congenital hypothyroidism (CH)
- Galactosemia (GALT)
- Hemoglobin Sickle/Beta-thalassemia (Hb S/ β Th)
- Hemoglobin Sickle/C disease (Hb S/C)
- Homocystinuria (HCY)
- Maple syrup urine disease (MSUD)
- Medium-chain acyl-CoA dehydrogenase deficiency (MCAD)
- Phenylketonuria (PKU)
- Sickle cell anemia (Hb SS disease)

Beginning March 1, these conditions will be added to the list.

- Argininosuccinic acidemia (ASA)
- Beta-Ketothiolase deficiency (β KT)
- Carnitine uptake defect (CUD)
- Citrullinemia (CIT)
- Cystic fibrosis (CF)
- Glutaric acidemia type I (GA I)
- Isovaleric acidemia (IVA)
- Long chain hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)
- Methylmalonic acidemia (mutase deficiency) (MUT)
- Methylmalonic acidemia (Cbl A,B)
- Multiple carboxylase deficiency (MCD)
- Propionic acidemia (PROP)
- Tyrosinemia type I (TYR I)
- Trifunctional protein deficiency (TFP)
- Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD)
- 3-hydroxy 3-methyl glutaric aciduria (HMG)
- 3-Methylcrotonyl-CoA carboxylase deficiency (3MCC)

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